MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005197
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 170

FILED MAR 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA
Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: UNIVERSITY OF MISSOURI MEDICAL CENTER
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SALINE
c. CITY OR TOWN: MARSHALL
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 776 W. BOYD
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LOLA Middle WHITE Last FINLEY

4. DATE OF DEATH: Month MARCH Day 4, Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4-1-77

9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): SALINE CO. Mo.

12. CITIZEN OF WHAT COUNTRY: UNITED STATES

13a. FATHER'S NAME: ABE WHITE

13b. MOTHER'S MAIDEN NAME: JULIA

14. NAME OF HUSBAND ~~OR WIFE~~: Finley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o: No.

16. SOCIAL SECURITY NO.

17. INFORMANT: UNIVERSITY OF MISSOURI MEDICAL RECORDS Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED B..

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cerebral Vascular Accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Myocardial Infarction

DUE TO (c): Arteriosclerotic Cardiovascular Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Recent Fracture, left hip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell at home, details unknown

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: Feb 24, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home-Hospital

20f. CITY, TOWN, OR LOCATION: Marshall COUNTY: Saline STATE: Mo

21. I attended the deceased from Feb 26, 1963 to March 4, 1963 and last saw her/him alive on 9:00 P.M. 3-4-63

Death occurred at 9:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George R. Gus, MD

22b. ADDRESS: Univ. Mo. Med. Center Columbia Mo

22c. DATE SIGNED: Mar 4, 1963

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)

23b. DATE: 3/8/63

23c. NAME OF CEMETERY OR ~~CREMATORY~~: Sunview Cem

23d. LOCATION (City, town, or county) (State): Marshall, Mo

24. FUNERAL DIRECTOR ADDRESS: George A. Green, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.: March 5, 1963

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph H. Green

Licensed Embalmer No. 4220

P. O. Address Dalton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.